



# Grosse Pointe Memorial Church

16 Lake Shore Drive  
Grosse Pointe Farms, MI 48236-3783  
313.882.5330

**Note: Each child needs 2 POAs:**

- (1) September 2023 – March 2024
- (1) March – September 2024

## LIMITED POWER OF ATTORNEY

For Emergency Medical Treatment, Travel and  
Consent September 15, 2023 – March 15, 2024

Name of Dependent: \_\_\_\_\_ Birth date: \_\_\_\_\_

Allergies/Illnesses: \_\_\_\_\_

Medications being taken: \_\_\_\_\_

I hereby grant to the following individuals:

Jasmine Smart, Margaret Mollison, April Sayar, or any of the designated Advisors of the Grosse Pointe Memorial Church (U. S. A.), 16 Lakeshore Drive, Grosse Pointe Farms, MI 48236-3783, (313) 882-5330, the Limited Power of Attorney to act for me by giving the required consents and authorizations for travel and for the delivery of necessary medical care, diagnoses and treatment to the above-named child and to do all other necessary things as I might or could do if personally present. Any Advisor may act under this Power of Attorney.

This limited power of attorney is given pursuant to the provision of P.A. 1998 No. 386, Section 5103 of the Estates and Protected Individuals Code, as amended, and is effective September 15, 2023 – March 15, 2024. I agree to accept responsibility for all expenses incurred for medical treatment for the above-named child.

\_\_\_\_\_  
Signature of Parent or Legal Guardian      Relationship to child      Date

\_\_\_\_\_  
Street Address      City, State, Zip

Phone: Home \_\_\_\_\_ Work: \_\_\_\_\_

Parent Cell \_\_\_\_\_ Parent Cell \_\_\_\_\_

Health Insurance Company \_\_\_\_\_ Policy Numbers: \_\_\_\_\_

\_\_\_\_\_  
Emergency Contact's Name      Relationship to child

\_\_\_\_\_  
Best Phone Number      Backup Phone Number



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## LIMITED POWER OF ATTORNEY For Emergency Medical Treatment, Travel and Consent March 16, 2024 – September 16, 2024

Name of Dependent: \_\_\_\_\_ Birth date: \_\_\_\_\_

Allergies/Illnesses: \_\_\_\_\_

Medications being taken: \_\_\_\_\_

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\_\_\_\_\_  
Signature of Parent or Legal Guardian      Relationship to child      Date

\_\_\_\_\_  
Street Address      City, State, Zip

Phone: Home \_\_\_\_\_ Work: \_\_\_\_\_

Parent Cell \_\_\_\_\_ Parent Cell \_\_\_\_\_

Health Insurance Company \_\_\_\_\_ Policy Numbers: \_\_\_\_\_

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